The Commonwealth of Massachusetts Department of Veterans' Services 600 Washington Street, Suite 1100 Boston MA 02111

<u>APPLICATION FOR THE PERSIAN GULF WAR BONUS</u> (Chapter 153 of the Acts of 1992)

NOTE: All answers must be typewritten or printed in ink.

Name			Date of Birth	
Last	First	M		
Address				
Number Street	City/Town	1	State	Zip Code
Branch of Service	Regular	Reserve _	National (Guard
Service Number (if applic	able)	Social S	ecurity Number_	
Date Active Service Began	n	Place		
Dates of Active Service in	Persian Gulf: Fron	n	To	
Did you receive the South	west Asia Service M	ledal? Ye	es No	
Date of Discharge/Release	e from Active Service	e F	Rank/Grade at Dis	charge
Legal Residence at Time of	of Entry into Active	Service		
Number Street		Cit	y/Town	
Length of Legal residence	in Massachusetts im	nmediately	prior to your entr	y into active service:
Years	Months		_	
written, relating to a mater	rial fact in supporting	g a claim u	nder the provision	akes a false statement, oral or as of this act, shall be punished t more than three year, or both."
PateApplicant's Signature				
Attention Veterans: Please include a copy of y application and mail to the			•	e Duty (DD Form 214) with your
	For Official Use	e Only		
Date Approved Disapproved	Did not fulfill pre-service residency required			
Bonus Amount: \$300	\$500			